

(Use as many sheets as necessary)

Attorney Docket Number

Sheet

of

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|  |                   |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
|--|-------------------|----|--|---|--|--------------------|--|-------------|---------|----------------------|-------------------|----------|--|---------------|--|------------------------|--|
| Substitute for form 1449B/PTO  |                   |    |  | <div> <div>Complete if Known</div> <table border="1"> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>10-1-03</td> </tr> <tr> <td>First Named Inventor</td> <td>Sherri Marie Carr</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table> </div> |  | Application Number |  | Filing Date | 10-1-03 | First Named Inventor | Sherri Marie Carr | Art Unit |  | Examiner Name |  | Attorney Docket Number |  |
| Application Number   |                   |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| Filing Date  | 10-1-03           |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| First Named Inventor   | Sherri Marie Carr |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| Art Unit   |                   |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| Examiner Name  |                   |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| Attorney Docket Number   |                   |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| <div> <div>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</div> <div>(Use as many sheets as necessary)</div> </div> |                   |    |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |
| Sheet  |                   | of |  |   |  |                    |  |             |         |                      |                   |          |  |               |  |                        |  |

[illegible]

|                       |  |                    |
|-----------------------|--|--------------------|
| Examiner<br>Signature |  | Date<br>Considered |
|-----------------------|--|--------------------|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*